



Teacher Membership Application

Membership Category: (Check One)

New

Renewal

Name: _____
(Last) (First) (Middle Initial)

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____
(If Chicago Public School Teacher please list non-CPS email)

School Name: _____

Address: _____ City, State, Zip: _____

Name of Community School is Located: _____

Check All That Applies:

Yes I am interested in the **Teacher Leadership Membership**, which allows me to participate in focus groups concerning educational programming in my community.

Yes I am interested in the **Professional Teacher Membership**. I will receive **Ed Leaf** quarterly plus discounts on professional development workshops and special invitations to fundraising and networking events. **Enclosed is my annual membership fee of \$14.00.**

Make Check / Money Order Payable to: **The Giving Tree Educational Consultants**

Send Membership Form and Payment to: **The Giving Tree Educational Consultants**
P.O. Box 268496
Chicago, IL 60626

Teacher Leadership Members Only
Fax Membership Forms to: **773-942-6506**

The Giving Tree Educational Consultants is a 501©3 not-for-profit organization.
Contact Us: 773-465-7005 Visit Us: www.givetreechicago.org